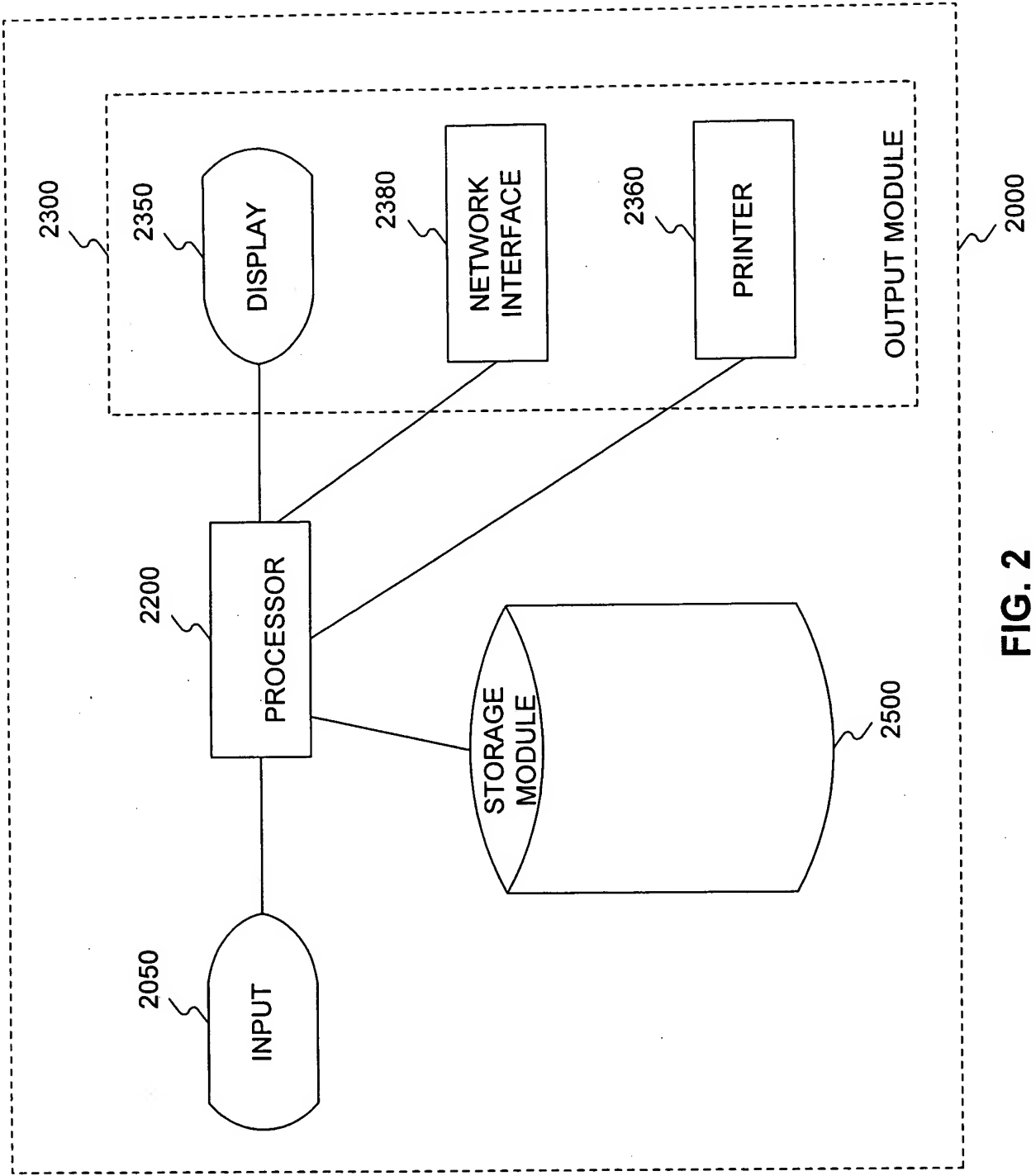
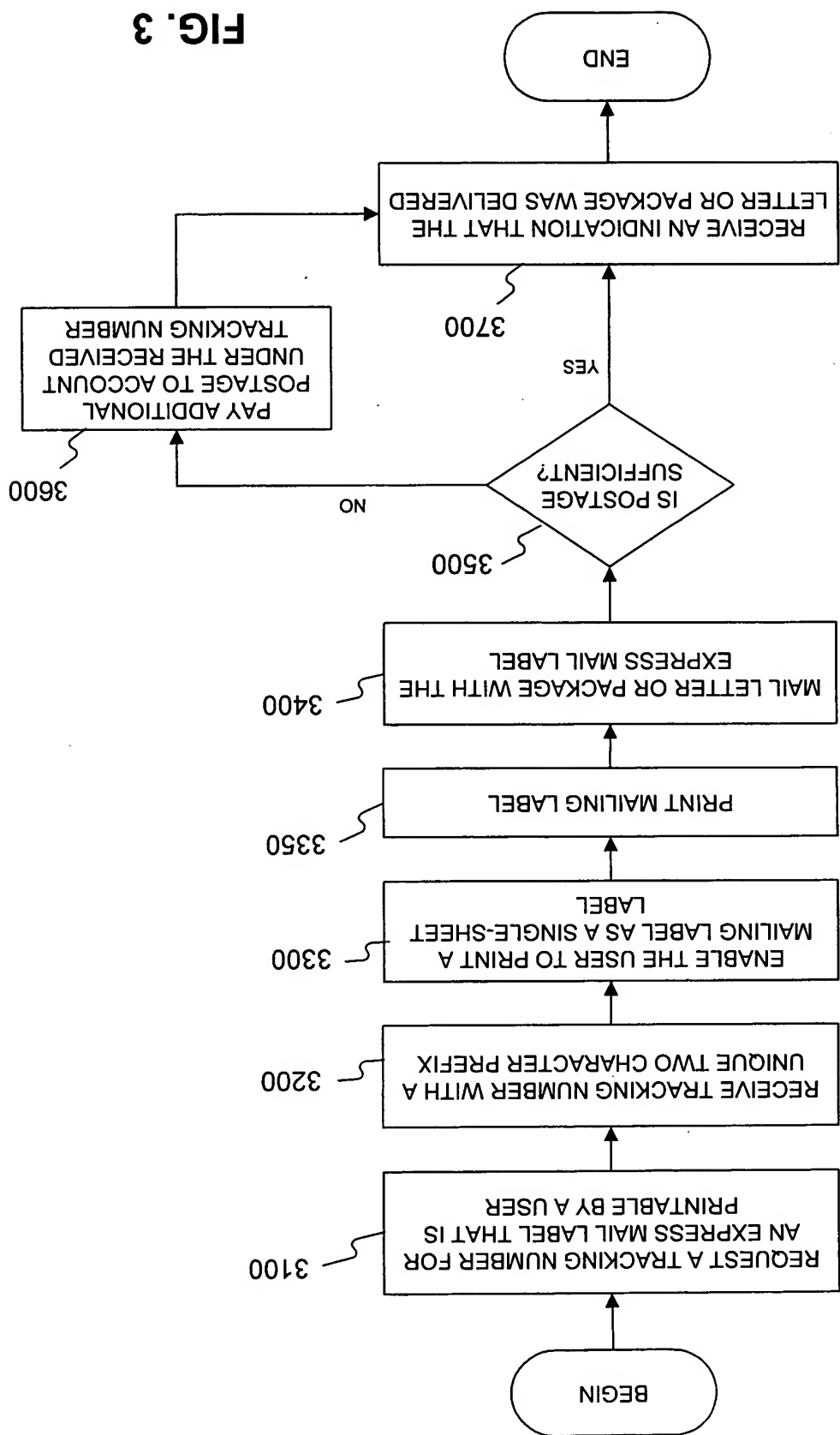


**FIG. 1**



**FIG. 2**



**EXPRESS MAIL**  
UNITED STATES POSTAL SERVICE ®

**CUSTOMER On-Line RECEIPT**

DO NOT MAIL

EO 000 152 111 US

☒ **WARRANTY OF SIGNATURE** (Optional) Additional protection due to signature is provided by the USPS. If the signature is not legible, the item will be returned to the sender. The signature is required for all items sent by Express Mail. The signature is required for all items sent by Express Mail. The signature is required for all items sent by Express Mail.

**CUSTOMER INFORMATION**

FROM:

LINDA E. SHOPPER  
ABC CORPORATION  
SUITE 500  
500 OAK ST.  
ARLINGTON VA 22207

TO:

JOHN E. TAILOR  
XYZ CORPORATION  
SUITE 501  
P.O. BOX 11  
NEW YORK NY 10005

PHONE (111) 222-3333

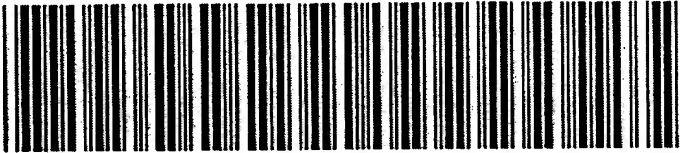
PHONE (888) 444-5555

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com

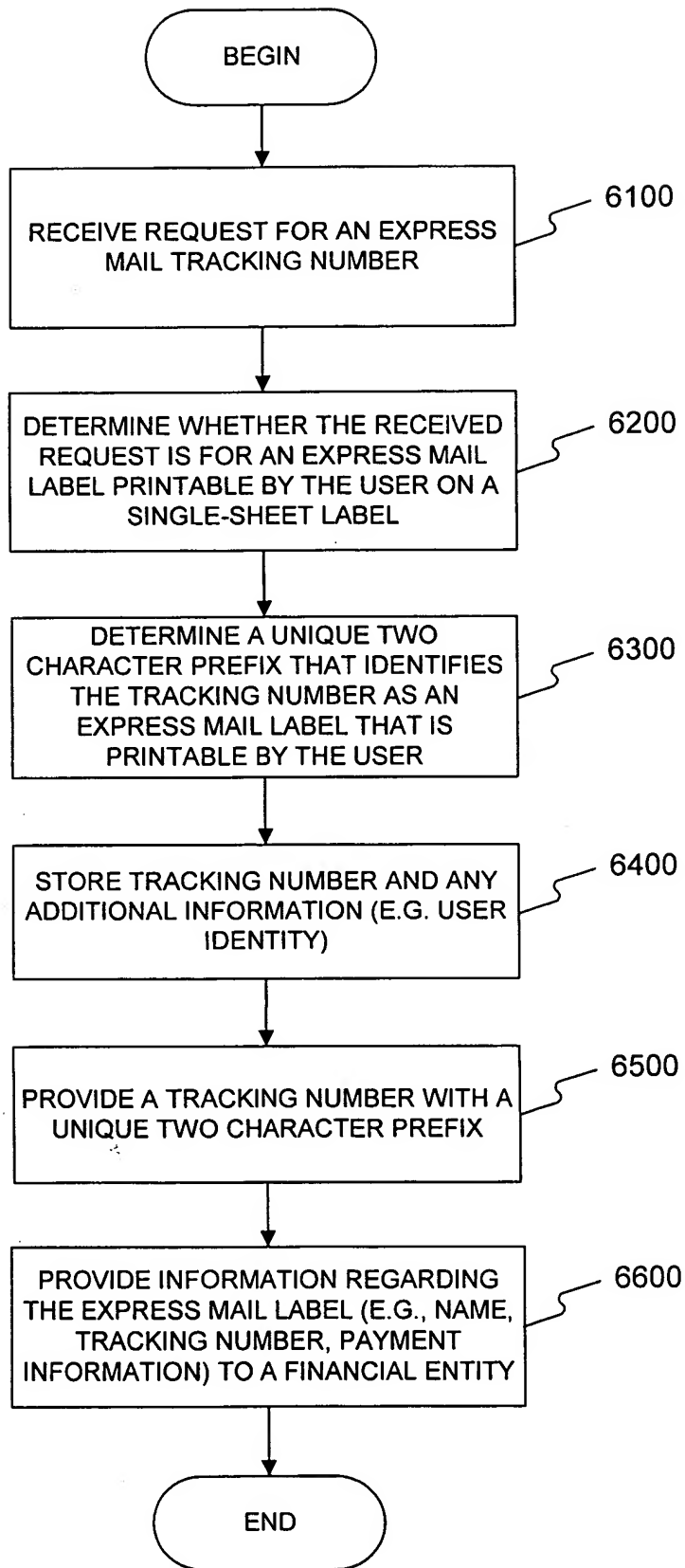
FIG. 4

4000

<b>E</b>	POSTAGE REQUIRED													
	<b>USPS EXPRESS MAIL®</b>													
5200	LINDA E. SHOPPER ABC CORPORATION SUITE 500 500 OAK ST. ARLINGTON VA 22207													
	(111) 222-3333  WAIVER OF SIGNATURE REQUESTED NO DELIVERY WEEKEND OR HOLIDAY  SHIP JOHN E. TAILOR TO: XYZ CORPORATION SUITE 501 P.O. BOX 11 NEW YORK NY 10005													
<b>USPS EXPRESS MAIL</b>														
														
EO 000 152 111 US														
<b>POSTAL USE ONLY</b>														
<table border="1"> <tr> <td colspan="2">Date In: Mo. Day Year</td> <td colspan="2">Time In: <input type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> <tr> <td colspan="2">Day of Delivery: <input type="checkbox"/> Next <input type="checkbox"/> Second</td> <td colspan="2"><input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM</td> </tr> <tr> <td>Return Receipt</td> <td>COD</td> <td colspan="2">Additional Insurance Fee</td> </tr> </table>			Date In: Mo. Day Year		Time In: <input type="checkbox"/> AM <input type="checkbox"/> PM		Day of Delivery: <input type="checkbox"/> Next <input type="checkbox"/> Second		<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM		Return Receipt	COD	Additional Insurance Fee	
Date In: Mo. Day Year		Time In: <input type="checkbox"/> AM <input type="checkbox"/> PM												
Day of Delivery: <input type="checkbox"/> Next <input type="checkbox"/> Second		<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM												
Return Receipt	COD	Additional Insurance Fee												

5000

**FIG. 5**



**FIG. 6**